PLEASE TYPE OR PRINT Ms. ALIK 1 Permanent Address . City 106010-818 Area Code Zip Temporary Address Street Tel. () Area Code Zip Permanent address is in what county? Born in Cuyahoga County Yes No Collaborator ___

If entries are not accepted or not sold:

Artist will pick up entries at Museum.

Museum should dispose of entries.

Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

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IGLAS
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Additional No. of Frames For Sale
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#27
X 6"
Additional No. of Frames

CATEGORY 1. Paintings 2. Graphics 3. Photography ENTRY ONE 4. Sculpture 5. Electric 6. Crafts						
Medium or Mate						
POLYESTER RESIN & PLEXIGLAS						
Title (IMTITAL)						
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1973 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	ROBERT G. MIHALIK
Address	583 TIMBERLINE DR.
City & State	AKRON, OH10 zip44313

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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CATEGORY □ 1. Paintings □ 2. Graph ENTRY ONE ☑ 4. Sculpture □ 5. Electr					
Medium or Materials					
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Notification of Acceptance or Reject	ction	DO N			
ROBERT MIHAL	LIK	OT DE			
Type or print name of artist This is your only receipt to claim your object(s).					
This notification will be mailed to you following judging.					
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